

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>011321,280</i>	FILING DATE <i>3-2-00</i>
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
(1)	1						51					
2		1					52		1			
3	1						53					
4		1					54		1			
5	1						55					
6		1					56					
7	1						57					
8		1					58					
9	1						59					
10		1					60					
11	1						61					
12		1					62					
13	1						63					
14		1					64					
15	1						65					
16		1					66					
17	1						67					
18		1					68					
19	1						69					
20		1					70					
21	1						71					
22		1					72					
23	1						73					
24		1					74					
25	1						75					
26		1					76					
27	1						77					
28		1					78					
29	1						79					
(30)	1						80					
31		1					81					
32	1						82					
33		1					83					
34	1						84					
35		1					85					
36	1						86					
37		1					87					
38	1						88					
39		1					89					
40	1						90					
41		1					91					
42	1						92					
43		1					93					
44	1						94					
45		1					95					
46	1						96					
47		1					97					
48	1						98					
49		1					99					
50	1						100					
TOTAL IND.	2						TOTAL IND.					
TOTAL DEP.	51						TOTAL DEP.					
TOTAL CLAIMS	53						TOTAL CLAIMS					

BEST AVAILABLE COPY